U S Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	10 0 0	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
1 File Number U 9979	2 Fiscal Year Covered From	
	· 01/01/04 Through 72/31/04	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name DANNY READES	Name CWA LOCAL 3203	
^	Labor Organization File Number 005768	
PO Box Bldg Room No If any SULTE 101	PO Box Building and Room Number If any SUITE 101	
Street 337 5 MTILEDGE AVE	Street 337 5 MILLEDGE AVE	
City ATHENS	City ATHENS,	
State 6E0R6TA ZIP Code +4 30605	State GEORGIA ZIP Code +4 30605	
5 Position in labor organization PRESIDENT_LOCAL_3203		
7 + C 7 + A 7 = E 7		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of transactions (including loans) with or derived income or other economic benefit of transactions (including loans) with or derived income or other economic benefit of transactions (including loans) with or derived income or other economic benefit of the months of the control of t		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	

6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	-
Trade Name If any	AMERICANICAL STATE OF THE STATE
PO Box Bldg Room No If any	
	-7 b Amount.
Street	
City	
State ZIP Code + 4	

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed Hamy R Eads

on 8/1/05

706-543-4198 Telephone Number

Name of Person Filing DANNY B. EADES	File Number U	· · · · · · · · · · · · · · · · · · ·		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization i b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	ana uni na na mana uni mana manang j		
Name Trade Name if any				
PO Box Bidg Room No If any	Harris medikakana, iki protesendan dari — saan sasusi tilah, ikinasan melalikah bidan mesasi bilan-ran menangsul-ratik Mater sasusi			
Street	11 b Approximate dollar value of such dealing	L		
City	12 a Nature of interest held or income received			
State ZIP Code + 4		1		
	12 b Amount	.00		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade пате if any)	14 a Nature of payment			
Name	1	r. 100 m.		
Trade Name If any	1 			
PO Box Bidg Room No If any				
Street				
City		d many		
State ZIP Code + 4	THE SAME SHARE WAS TO SHARE WAS			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	.00]		